FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION F.O.
Washington, D.C. 20549 SEP

FORM D



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1080

373866

Prefix Scrial
DATE RECEIVED

						//	<i>X\ \\</i>
Name of Offering		an amendment and name				fs.f	(Pol)
		Interests of TWM Inter Rule 504 Rule 50			ULOE	AST TO	CEIVER
Time Guer (Guer		-		L		12/	
Type of Filing:	☐ New Filing	∠ Amendment ∠				CED	12 VINER 1
			BASIC IDENTIF	ICATION DATA			_ = C000 //
	ation requested about the					N/A/A	
Name of Issuer	•	an amendment and name	has changed, and	indicate change.)			213
Address of Executiv	nal Equities 2006,	(No. and Street, City, S	into 7 in Code)		Talanhana Nu	ımber (İncludin	
	ad, Suite 250, Dalla	•	nare, zap Code)			214) 252-326	
		(No. and Street, City, S	tate, Zip Code)	Telephone N	Number (Including Ar		*************************************
(if different from Ex							
Brief Description of Investment Partners							
Type of Business On				~			
corporation		X	limited partner	ship, already formed			other (please specify):
business trust			•	ship, to be formed			,
				Month	Year		
Actual or Estimate	ed Date of Incorporation	n or Organization:		0 4	0 6	Actual	☐ Estimated
Jurisdiction of Inc	orporation or Organiza	ition: (Enter two-letter U.)	S. Postal Service a	bbreviation for State:	TX		
		CN for Canada; F	N for other foreign	n jurisdiction)			
GENERAL INSTRUCT	IONS						
Federal: Who Must File: All issuers	s making an offering of securit	ies in reliance on an exemption un	der Regulation D or Sec	tion 4(6), 17 CFR 230.501 e	s seq. or 15 U.S.C. 77d(6).		
When To File: A notice meceived by the SEC at the	nist be filed no later than 15 d address given below or, if rec	lays ofter the first sale of securities seived at that address after the date	es in the offering. A not on which it is due, on th	ice is deemed filed with the ic date it was mailed by Unit	U.S. Securities and Exchanged States registered or certifi	ge Commission (SE ed mail to that addr	C) on the earlier of the date it is eas.
Where To File: U.S. Secur	ities and Exchange Commissis	on, 450 Fifth Street, N.W., Washir	igion, D.C. 20549.				
Copies Required: Five (5) signatures.	copies of this notice must be	filed with the SEC, one of which	must be manually signed	l. Any copies not manually	signed must be photocopies	of the manually sign	ned copy or bear typed or printed
		formation requested. Amendments A and B. Part E and the Appen			ring, any changes thereto, th	e information reque	sted in Part C, and any material
Filing Fee: There is no fed	leral filing fee.						
must file a separate notice	with the Securities Administr	iform Limited Offering Exemption rator in each state where sales are filed in the appropriate states in a	to be, or have been made	 If a state requires the pays The Appendix to the notice 	ment of a fee as a precondition	on to the claim for t	he exemption, a fee in the proper
the appropr		ppropriate states wi ce will not result ederal notice.					
Potential persons who are	e to respond to the collection of	of information contained in this f	orm are not required to	respond unless the form dis	plays a currently valid OMB	l control number.	
							SEC 1972 (2-97)

PROCESSED
SEP 18 2005
THOMSON
FINANCIAL



			A. BASIC IDENTIF	ICATION DATA		
2.	Enter the information r	equested for the fo	llowing:			
х	Each promoter of the is	suer, if the issuer l	has been organized within the p	past five years:		
Х	Each beneficial owner		o vote or dispose, or direct the		more of a class o	of equity securities of the
х	issuer;	and director of cor	porate issuers and of corporate	ganger) and managing number		
X	Each general and mana	ging partner of par	porate issuers and or corporate incrshin issuers.	general and managing partner	s or parmership is	suers; and
	ck Box(cs) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
	Name (Last name first, G GP Management, Inc		ar			
Busi		ess (Number and S	Street, City, State, Zip Code)			
	ck Box(es) that Apply:		☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or
r. u	N	(C) - 1: -1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	·			Managing Partner
	Name (Last name first, eson, John C., Preside					
			Street, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·		
	Preston Road, Suite					
Che	ck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
	Name (Last name first,					
	nett, Eric W., Vice Pro					
			Street, City, State, Zip Code)			
	D Preston Road, Suite					
	ck Box(cs) that Apply:		☐ Beneficial Owner	☑ Executive Officer	Director	☐ General and/or Managing Partner
	Name (Last name first,		_			
Gre	er, Stephanie, Vice Pro	esident and Assist	ant Secretary			
	iness or Residence Addi O Preston Road, Suite:		Street, City, State, Zip Code)			
	ck Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full	Name (Last name first,	if individual)				Managing Partner
	rame (East tame mot,	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Bus	iness or Residence Add	ress (Number and	Street, City, State, Zip Code)			
Che	ck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full	Name (Lust name first,	if individual)				
Bus	iness or Residence Add	ress (Number and	Street, City, State, Zip Code)			
Che	ck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full	Name (Last name first,	if individual)				
Bus	iness or Residence Add	ress (Number and	Street, City, State, Zip Code)			

		**********		retination investment	witten er		CAYCULANO AND					Carrier and an arrangement of the second		
									N ABO					
1. Ha	s the iss	uer sold			er intend so in Ap							ng?	Yes	No ⊠
2. WI	What is the minimum investment that will be accepted from any individual? \$ _100,000.00													000.00
3. Do	es the of	ffering p	ermit jo	int own	ership of	a single	unit:						Yes ⊠	No
ind of reg (5) for	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full Na	me (Last	name fi	irst, if in	dividual)									
Busines	s or Res	idence A	ddress (Numbe	r and Str	cet, City	, State,	Zip Cod	le)					
Name o	f Associ	ated Bro	ker or E	Dealer										
	Which													
•												***********************	U	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[K1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	(SD)	[17]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
	me (Lasi											**************************************		
	s or Res				r and Str	ect, City	y, State,	Zip Coc	le)					
	ſ Associ												<u>-</u>	
	Which											*******************		All States
(Check	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	ப	An States
[IL]	[IN]	[1A]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[HH]	[KN]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Na	me (Las	t name f	irst, if in	dividua	l)								w···	
Busines	s or Res	idence A	Address	(Numbe	r and Str	reet, City	y, State,	Zip Coo	ic)					
Name o	f Associ	iated Bro	oker or I	Dealer										
States i	n Which	Person	Listed I-	las Solic	ited or I	ntends t	o Solici	Purcha	sers					
(Check	"All Sta	ites" or c	heck inc	dividual	States).		**********		•••••		•••••••			All States
[AL]	(AK)	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[H1]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[NT]	[XX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

aiready sold.	egate offering price of securities included in this offering and the total amount Enter "0" if the answer is "none" or "zero." If the transaction is an exchange this box and indicate in the columns below the amounts of the securities		
	change and already exchanged.		
Type of	Security	Aggregate Offering Price	Amount Already Sold
Debt		\$0	\$ 0
		\$ 0	\$0
	☐ Common ☐ Preferred		
Conver	ible Securities (including warrants)	\$0	<u> </u>
	hip Interests	\$ 10,575,000.00	0 \$ 10,575,000.00
Other (S	pecify)	\$0	s 0
•	Total	\$ 10,575,000.00	0 \$ 10,575,000.00
	Answer also in Appendix, Column 3, if filing under ULOE		
this offering a indicate the n	ber of accredited and non-accredited investors who have purchased securities in and the aggregate dollar amounts of their purchases. For offerings under Rule 504, amber of persons who have purchased securities and the aggregate dollar amount ases on the total lines. Enter "0" if the answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
Accred	ted Investors	13	\$ 10,575,000.00
	credited Investors	0	\$ <u>0</u>
	Total (for filings under Rule 504 only)	N/A	\$ <u>N/A</u>
	Answer also in Appendix, Column 4, if filing under ULOE		
securities sol	of for an offering under Rule 504 or 505, enter the information requested for all d by the issuer, to date, in offerings of the types indicated, in the twelve (12) to the first sale of securities in this offering. Classify securities by type listed in ion 1.		
-	f offering	Type of Security	Dollar Amount Sold
Rule 50)5	N/A	\$ <u>N/A</u>
Regula	tion A	N/A	\$N/A
Rule 5	94	N/A	\$ <u>N/A</u>
	Total	N/A	\$ <u>N/A</u>
this offering. be given as se estimate and	statement of all expenses in connection with the issuance and distribution of the sect Exclude amounts relating solely to organization expenses of the issuer. The informabject to future contingencies. If the amount of an expenditure is not known, furnished the box to the left of the estimate.	iation may i an	
	r Agent's Fees		
	g and Engraving Costs		
	rees		
Accou	nting Fees		S 0

Other Expenses (identify).....

Total

0

0

0 10,000

	C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPEN	ISES AND USE	OF PR	COCEED	S
	and total expenses furnished in response to	gate offering price given in response to Part of Part C-Question 4.a. This difference is the	"adjusted gross			\$ <u>10,565,000,00</u>
5.	Indicate below the amount of the adjusted each of the purposes shown. If the amount check the box to the left of the estimate. It proceeds to the issuer set forth in response	t for any purpose is not known, furnish an e	stimate and			
				O: Dire	ments to fficers, ectors, & ffiliates	Payments To Others
	Salaries and fees			\$		\$
	Purchase of real estate			\$		\$
	Purchase, rental or leasing and insta	llation of machinery and equipment		\$		\$
	Construction or leasing of plant buil	dings and facilities		\$		\$
		luding the value of securities involved in the		\$		\$
	Repayment of indebtedness			\$		\$
	Working capital			\$		\$
	Other (specify) (investments)			\$	⊠	\$_10,565,000.00
	Column Totals			\$	<u> </u>	\$ <u>10,565,000.00</u>
	Total Payments Listed (column total	ls added)			\$ <u>10.</u>	565,000.00
		D. FEDERAL SIGNATUR	E			
sign	issuer has duly caused this notice to be sign ature constitutes an undertaking by the issue mation furnished by the issuer to any non-a	r to furnish to the U.S. Securities and Excha	inge Commission,	filed un upon wr	der Rule 59 itten reque	05, the following st of its staff, the
lss	uer (Print or Type)	Signature	Date	······································		· · · · · · · · · · · · · · · · · · ·
TV	M International Equities 2006, L.P.	(Attohanie Okur	Septemb	er <u>//</u> ,	2006	
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)				
Sto	phanie Greer	Vice President and Assistant Secretary of	of TTG GP Manage	ment, Ir	nc., general	partner
		ATTENTION				
	Intentional misstatements or o	missions of fact constitute federal cr	iminal violations	. (See	18 U.S.C	. 1001).

d-1457604_2.DOC

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? See Appendix, Column 5, for state response. See Appendix Column 5, for state administrator of any state in which this notice is filed, a notice to be entitled to the Uniform			E. STATE SIGNATURE									
 The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. Issuer (Print or Type) Signature Date September //, 2006 Name of Signer (Print or Type) Title of Signer (Print or Type) 	1.			isions of such		1.7						
 (17 CFR 239.500) at such times as required by state law. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. Issuer (Print or Type) Signature Date September / , 2006 Name of Signer (Print or Type) Title of Signer (Print or Type) 		See Appendix	x, Column 5, for state response.									
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. Issuer (Print or Type) Signature TWM International Equities 2006, L.P. Title of Signer (Print or Type) Title of Signer (Print or Type)	2.											
Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. Issuer (Print or Type) Signature TWM International Equities 2006, L.P. September //, 2006 Name of Signer (Print or Type) Title of Signer (Print or Type)	3.		o furnish to the state administrators, upon written r	equest, information fu	rnished by th	e issuer to						
Issuer (Print or Type) TWM International Equities 2006, L.P. Name of Signer (Print or Type) Signature Signature September //, 2006 Title of Signer (Print or Type)	4.	Offering Exemption (ULOE) of the state in	which this notice is filed and understands that the									
TWM International Equities 2006, L.P. Name of Signer (Print or Type) September //, 2006 Title of Signer (Print or Type)			he contents to be true and has duly caused this not	ice to be signed on its	behalf by the							
Name of Signer (Print or Type) Title of Signer (Print or Type)	Issi	uer (Print or Type)	Signature	Date								
	TW	TWM International Equities 2006, L.P. All Manie (Mar. September 4, 2006)										
Stephanie Greer Vice President and Assistant Secretary of TTG GP Management, Inc., general partner	No	Name of Signer (Print or Type) Title of Signer (Print or Type)										
	Ste	Stephanie Greer Vice President and Assistant Secretary of TTG GP Management, Inc., general partner										

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3		4		***************************************	5		
	non-acc investors (Par	to sell to credited s in State rt B- n 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Турс	Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount			
AL										
AK										
AZ										
AR										
CA		No	Limited Partnership Interests \$900,000	1	\$900,000	0	\$0	No		
со								,		
СТ										
DE										
DC										
FL										
GA										
ні										
1D										
IL										
IN				-						
IA										
KS						·				
КҮ										
LA										
ME										
MD										
MA										
MI										
MN										
MS										

APPENDIX

1		2	3		5					
	non-action investor (Par	to sell to credited s in State rt B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Турс с	Type of investor and amount purchased in State (Part C-Item 2)					
Barra	V	N -	Limited Partnership	Number of Accredited		Number of Non- Accredited				
State	Yes	No	Interests	Investors	Amount	Investors	Amount			
MO										
MT										
NE NV										
NH										
NJ										
NM										
NY		<u> </u>								
NC										
ND					,					
ОН										
ок										
OR										
PA										
RI										
sc										
SD										
TN										
тх		No	Limited Partnership Interests \$9,675,000	12	\$9,675,000	0	\$0	No		
UT										
VT										
VA	<u> </u>									
WA										
wv										
WI	<u> </u>	<u> </u>				<u> </u>	<u> </u>			

APPENDIX

1		2	3		4						
	non-accinvestor: (Par	to sell to credited s in State rt B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Турс оі	Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount				
WY								-			
PR											

Page 9 of 9